Safe Care Practice, Personal Care & Relationships Policy

Children are able to experience nurturing connections and extend their relationships in a safe and loving home environment.

Carers will receive training on safe caring and will understand that when a child is coming into their household, they will not have grown up with the expected understanding of how the household functions.

Safer caring policies will be in place for each household and will consider the history and situation of each child coming into the home. Safer caring policies will also be held for each child, specific to them. These will be updated together with the child when possible, in order for them to know what is expected within the household. Alternatively, the household boundaries and expectations will be discussed, shown and explained on a regular basis.

Related Policies, Safeguarding, bullying, CSE.

Scope of This Chapter

Guidance is given in respect of carers providing personal care, relationships, touch and support. Discussing and supporting puberty and sexual identity. Matters connected to sexual activity, contraception and sexual exploration. Expectations regarding children having their own bedrooms. Supporting and managing menstruation, enuresis, and encopresis.

Regulations and Standards

The Fostering Services (England) Regulations 2011
Regulation 11 - Independent Fostering Agencies duty to secure welfare

Fostering Services: National Minimum Standards
Standard 1 - The child's wishes and feelings and views of those significant to them
Standard 6 - Promoting good health and wellbeing.

Relevant Legal Guidance

Safer Caring Guidance

Personal Care

Carers must provide a level of care which is designed to demonstrate warmth, respect and positive regard for children.

Children must be supported and encouraged to undertake bathing, showers and other intimate care of themselves without relying on carers.

Such arrangements must emphasise that children's dignity and their right to be consulted will be protected and promoted; and, where necessary, carers will be provided with specialist training and support.

Unless otherwise agreed, children who require personal care by adults will be given care by a foster carer/adult of the same gender. We understand that this may not always be possible; in those cases, depending on the child's age, discussion with the placing authority and a written agreement should be in place.

Friendship and Support

One of the prime tasks for foster carers is to connect and work with the children to maximise opportunities for forming and benefiting from positive relationships with adults and other children.

Warmth and understanding are essential, but everyone needs to know and understand when a relationship is inappropriate.

What is important is that carers need to be putting the children's interests first and always considering what is appropriate in any given situation with a particular child.

Where it is known that a child has been a victim of sexual abuse and it is likely he or she will behave towards carers in a sexual manner, particular rules will have to be drawn up for carers. This may involve the need to avoid being alone with the child, by always having a third person present.

Children who have suffered many unexpected losses in adult relationships are likely to be constantly fearful of being abandoned again. Carers must have knowledge and understanding of the child and his, her or their background and be able to recognise and respect any emotional barriers the child has erected.

Foster carers should be sufficiently aware of their own feelings, so that they can recognise the dangers of a relationship with a child becoming sexualised, stop to consider what is happening and what they are doing.

Other people's feelings and views, both adults' and children's, need to be taken into account. If there is any indication that a relationship is viewed as inappropriate, the foster carers should discuss the matter with each other and their Supervising Social Worker to understand what the concerns may be, explain their own perspectives and consider how they should modify their behaviour to ensure they are acting in the child's best interests.

In general, if they feel in any doubt about their own or other people's feelings, foster carers should step back, consider what they are doing and discuss the issues with their colleagues.

It is not a matter of carers never becoming involved in close one-to-one relationships with a child; it is a vital part of the 'caring' task. However, carers must be aware of the dangers that this type of work can bring and be clear about where the boundaries in such relationships lie.

Relationship and Sex

Research says that if parents/carers talk to children about this subject, they are more likely to delay having sex and use contraception when they do. All children need age-appropriate communication, guidance, and information about these issues.

Foster carers may want to think about:

- Starting early, carers do not need to know it all, but if the child asks a question and the carer doesn't know the answer, they should say they will get back to the child and make sure they do.

- Checking out what a child/young person knows, so if the child asks a question, ask the child what they think it means.
- Being proactive and not waiting for the child to raise the subject. This could involve talking to a young person about something that has been on television or in the news to get their views. This should also cover topics such as friendships, respect and trust.
- Finding books, leaflets or appropriate websites dependent on the age of the child, for the child to look at or look at them together.
- Find out where local services are that can help. Contact local youth services or look online for more information.
- Being truthful in stories, e.g., about storks, can be confusing and will need to be changed later.

Effective relationships and sex education at home and at school are essential if young people are to make responsible and well-informed decisions about their lives and resist peer pressure.

Puberty and Sexual Identity

Carers must adopt a non-judgmental attitude toward children, particularly as they mature and develop an awareness of their bodies and sexuality.

Carers must adopt the same approach to children who explore or are confused about their sexual identity or who have decided to embrace a particular lifestyle, so long as it is not abusive or illegal.

Children who are confused about their sexual identity or indicate they have a preference must be afforded equal access to accurate information, education and support to enable them to move forward positively.

As necessary, this must be addressed in each child's Placement Plan.

Pornography

All materials published, circulated or available to children (including the internet) must promote and encourage healthy lifestyles and images of men, women, transgender or other identities that are positive and encouraging.

Children must be positively discouraged from obtaining material that is potentially offensive or pornographic. Discussions must be had with the SSW and/or Child's SW where a child is known to be accessing pornography in terms of necessary conversations with the child. If they obtain such material that is suspected to be illegal, it must be confiscated. This should be discussed with the child's social worker, and if there are concerns that the child has been exposed to extreme pornography, the concerns should be shared with the fostering manager in the agency. Children (anyone under the age of 18) are not legally allowed to access pornography online; any children placed in our care should be made aware of this.

Sexual Activity

Children under the age of 13 are deemed to be incapable of giving consent to sexual activity. Therefore, children of this age who engage in sexual activity must be referred to the local authority's Children's Social Care Services under the Multi-Agency Safeguarding Children Procedures as potentially suffering from Significant Harm.

Foster Carers and the agency must be alert to such relationships when considering the placement of children under 13. Children of this age who are likely to be at risk from each other (or from older children) should not be placed together. When considering the placement (or ongoing placement) of children over the age of 13, managers must assess the risk of sexual relationships developing and should ensure strategies are in place to reduce or prevent these risks if they are likely to be exploitative or abusive.

Where children aged 13–18 are placed together with no identified risk of exploitative or abusive behaviour, carers must monitor any developing relationships, sensitively but positively discouraging children from engaging in underage sexual relationships.

Overall, carers should be mindful of their duty to consider the overall welfare of children, and this may mean recognising that illegal activity is taking place and working to minimise risks and consequences. If there is any suspicion that a child is engaging in illegal behaviour, either due to their vulnerabilities or they may be being exploited, it must be discussed with the Supervising Social Worker, who should consult the child's social worker, and consideration should be given to consulting the Child Protection Agencies. The agency must be alert to the possibility that the child may be being sexually exploited, and if there are concerns of this nature, the manager for the fostering agency should be informed.

Any actions taken in this respect will be subject to consultation and must be addressed in Placement Plans.

Should foster carers suspect children are engaging in sexual relationships, they should:

- Ensure the basic safety of all the children concerned.
- Inform the Supervising Social Worker, who should notify/consult the child's social worker.
- A planning meeting should be held to determine the child's safety.

Contraception and Pregnancy

Access to contraceptives will not be conditional on children giving information about their lifestyles, and contraception will never be withdrawn as a punitive measure. Whilst not encouraging it, it is understood that children may engage in sexual activity; some before they reach the age of consent. In such circumstances, the Supervising Social Worker should consult the child's social worker to agree on what reasonable steps can be taken to minimise the risk of pregnancy or infection, including facilitating contact with relevant agencies providing contraceptive advice.

Foster carers should not advise on contraceptive choices; however, they should be supportive and help the child or young person in accessing the right services.

If a child is suspected or known to be pregnant, the carers should notify the Supervising Social Worker, who should consult the child's social worker to decide on the actions that should be taken.

Sexual Exploitation

Children may have previously exchanged sex for rewards, gifts, drugs, accommodation and money. Some maintain this lifestyle whilst continuing to be accommodated by the authority. Such situations must be reported to the fostering agency's Registered Manager, and the agency's Child Sexual Exploitation policy must be adhered to.

The Supervising Social Worker and carers must be alert to such behaviours and should do all they can to create an environment which encourages children to be open about

their past or present attitudes and behaviours and which demonstrates they will be supported to guide them away from such lifestyles. Where there is any suspicion that a child is engaged in such behaviour, it should be addressed in the child's Placement Plan, and strategies to be adopted to help the child find alternative lifestyles need to be identified.

In addressing these behaviours, consideration must be given to the extent to which the child is suffering or likely to suffer Significant Harm, and whether it is necessary to refer the child to the local authority's Children's Social Care Services in the area where the child is living under the Multi-Agency Safeguarding Children Procedures.

If there is any suspicion that a child is involved in sexual exploitation, the Regulatory Authority must be notified.

Sexually Transmitted Infections

If it is known or suspected that a child has a sexually transmitted infection, including HIV, the Supervising Social Worker and the child's social worker must be informed so that they, along with the foster carer, can decide what action needs to be taken.

Where appropriate, the issue should be discussed and any questions answered as openly and honestly as possible. This may require obtaining factual information and contacting the Sexual Health clinic.

Bedrooms

Each child over 3 will have their own bedroom or, where this is not possible, the sharing of the bedroom will have been agreed by the Placing Authority, and the Supervising Social Worker must have conducted a risk assessment, and any arrangements must be outlined in the child's Placement Plan as well as their safe caring policy.

Children in the house will not go into each other's bedrooms unless they are sharing a bedroom, and this is specifically outlined and agreed as above. Children in the home will be taught that they are not allowed to go into or spend any time in each other's bedrooms and that they can play in communal areas in the home, unless playing in each other's bedrooms has been specifically risk-assessed and allowed by the social workers and Soundly Fostering.

Children should be encouraged to personalise their bedrooms, with posters, pictures and personal items of their choice.

Children of an appropriate age and level of understanding should be encouraged and supported to purchase furniture, equipment or decorations. For older children, this should be part of a plan to prepare the child for independence.

Children's rooms should be kept in good structural repair and be clean and tidy. The furniture should conform to standards of flame-retardant materials as advised by Trading Standards.

Where a child's bedroom window is large enough for a child to climb out of, a risk assessment should be carried out as to the likelihood of the child putting themselves at risk by climbing out of the window. Consideration should be given to fitting restrictors to windows.

If a risk is identified, the Supervising Social Worker should consider strategies to reduce/prevent the risk, which should be outlined in the child's Placement Plan.

Children's privacy should be respected. Unless there are exceptional circumstances, carers should knock on the door before entering children's bedrooms.

The exceptional circumstances where carers may have to enter a child's bedroom without asking permission include:

- To care for a baby/young child.
- To wake a heavy sleeper, undertake cleaning, return clean or remove soiled clothing; though, in these circumstances, the child should have been told/warned that this may be necessary.
- To take necessary action, including forcing entry, to protect the child or others from injury or to prevent likely property damage. The taking of such action is a form of physical intervention.

Peer Group Abuse

The possibility of peer abuse will always be taken seriously, but we recognise it is equally important not to label or stigmatise normal sexual exploration and experimentation between children.

Behaviour is not a cause for concern unless it is compulsive, coercive, age-inappropriate or between children of significantly different ages, maturity or mental abilities.

If at any time carers suspect children are engaged in abusive sexual or non-sexual relationships as perpetrators and/or victims, they must immediately inform the Supervising Social Worker, who must consult the child's social worker and make a referral to the local authority's Children's Social Care Services in the area where the child is living under the Multi-Agency Safeguarding Children Procedures.

Steps should be taken immediately to protect the welfare of the child/children.

Menstruation

Young women should be supported and encouraged to keep their own supply of sanitary protection without having to request it from carers.

There should also be adequate provision for the private disposal of used sanitary protection.

Not all young people will be able to manage this on their own and may require significant support and guidance from their foster carer. This may need discussion with the Supervising Social Worker and the child's social worker for agreement on how to manage this in a safe and supportive way.

Enuresis and Encopresis

If it is known or suspected that a child is likely to experience enuresis, encopresis or may be prone to smearing, it should be discussed openly, with the child if possible, and strategies adopted for managing it; these strategies should be outlined in the child's Placement Plan.

Foster carers and Supervising Social Workers, together with the social workers for the children concerned, should consider the possible reasons for enuresis and encopresis. There may be a variety of reasons, but such behaviour is likely symptomatic of anxiety and worries about previous experiences, including abuse and neglect.

It may be appropriate to consult a Continence Nurse or other specialist, who may advise on the most appropriate strategy to adopt. In the absence of such advice, the following should be adopted, but may be dependent on the age of the child:

- Talk to the child in private, openly but sympathetically.
- Do not treat it as the fault of the child, or apply any form of sanction.
- Do not require the child to clear up; arrange for the child to be cleaned and removed, then wash any soiled bedding and clothes. Older children may be encouraged to strip their bed and bring the soiled sheets to an agreed space.
- Keep a record, either on a dedicated form or in the child's Daily Record, with detail, if necessary, in a Detailed Record.
- Consider making arrangements for the child to have a supper in good time before going to bed, and arranging for the child to use the toilet prior to bedtime; also consider arranging for the child to be woken to use the toilet during the night.
- Consider using mattresses, mattress covers or bedding that can withstand being soiled or wetted.
- Guidance in relation to personal care, relationships, and the use of touch

Physical Contact

Carers must provide a level of care, including physical contact, which is designed to demonstrate warmth, friendliness and positive regard for children and young people. Physical contact should be given in a manner which is safe, protective, and appropriate to the child's age and is given in a way that minimises the risk of confusion for the child or young person.

The term 'Touch' is used throughout this policy in two different contexts.

'Touch' as a form of physical intervention designed to prevent a child or others from being injured or to protect property from being damaged, and the use of 'touch' to enable carers to demonstrate affection, acceptance and reassurance.

It is acknowledged that touch raises particular issues for those working with children. Some people have views about applying a “hands off” or “hands on” policy with children result from scandals of child abuse, or fear of violence from children. Carers may be anxious about allegations of inappropriate physical contact with children.

However, touch is acceptable and necessary, but carers should consider the following:

- The child may have had particular experiences which make it difficult to accept touch from an adult, or the child’s experiences may lead to a need for more touch than is acceptable.
- It is therefore important for carers to obtain information about the child’s background before acting in any way, not just in terms of the use of touch.
- If there are particular needs that the child has or if it appears that the child may respond more or less favourably to touch, this must be shared with the foster carers during the placement planning process.
- Dependent on the age and level of understanding of the child, s/he should be involved in this assessment and planning; and should be encouraged to consent to being touched, or to place conditions on it.
- The culture or values of the household should be such that touch is encouraged as a positive and safe way of communicating affection, warmth, acceptance and reassurance.

Carers and children should be encouraged to use touch positively and safely. But it is important for carers and children to know if boundaries exist for individual children within the foster home. If boundaries or expectations exist for individual children, they should be set out clearly in their Placement Plan and or the individual child’s safe caring policy. For example, if carers are not expected to allow children to sit on their laps or to carry children, this should be stated in writing.

In the absence of any plan or expectation, the following should be taken into consideration:

- When thinking about who is an appropriate person to touch a child, it is vital to consider what the adult represents to the particular child. Personal likes and dislikes will play a part in any relationship.
- In addition, many factors influence the power relationship between adult and child, including gender, race, disability, age, sexual identity and role status.

- The background of the child will also influence any decision about who represents a 'safe' adult in the eyes of the child.
- Children from ethnic minority backgrounds may be used to different types of touch as part of their culture.
- Children who have been subject to physical or sexual abuse may be suspicious or fearful of touch. This is not to say that children who have experienced abuse should not be touched; it may be beneficial for the child to know different, safer and more reliable adults who will not use touch as a form of abuse.
- For each child, what constitutes an intimate part of the body will vary, but generally speaking, it is acceptable to touch children's hands, arms, and shoulders. It may be appropriate to hug or cuddle children or carry or give them 'piggy backs'.
- Other parts of the body are less appropriate to be touched, by degrees. Some parts of the body are 'no-go areas'.
- Therefore, it may be appropriate to touch a child's back, ears or stroke their hair or knees – if the child indicates such touch is acceptable. To go beyond this would be unacceptable, even if the child appeared to accept it.
- In any case, no part of the body should be touched if it is likely to generate sexualised feelings on the part of the adult or child.
- Also, no part of the body should be touched in a way which appeared patronising or otherwise intrusive.
- Therefore, the context in which touch takes place is usually a decisive factor in determining the emotional and physical safety for both parties.
- What message is being sent out to the child? If the intention is to positively and safely communicate affection, warmth, acceptance and reassurance, it is likely to be acceptable.
- A fleeting or clumsy touch may confuse a child, may feel uncomfortable or even cause distress. Carers should touch with confidence, and should verbalise their affection, reassurance and acceptance; by touching and making positive comments, for example, by touching a child's arm and saying, "Well Done".
- Where children indicate that touch is unwelcome, carers should back off and apologise if necessary.
- Carers should talk to colleagues and record their interactions with children. Whether particular strategies work or not, colleagues should be informed so they can build on or avoid making the same mistake.
- Touch of an equally positive and safe nature is acceptable between carers; demonstrating positive role models for children and showing that adults can get along and use touch in non-abusive or non- threatening ways.

- It is also acceptable to talk with children about how touch feels, about acceptable boundaries and expectations.
- Play fighting is no alternative for this. It is unacceptable.
- The key is for carers to help children experience and benefit from touch, positively and safely, as a way of communicating affection, warmth, acceptance and reassurance.

Appropriate Language

It is essential that all carers are aware that the use of foul and abusive language directed towards children is totally inappropriate and unnecessary. This will only have the effect of demeaning children, have a negative effect on the child/carer relationship and lead to an escalation of disruptive and challenging behaviour.

All carers need to be aware that any complaints relating to foul and abusive language will be treated seriously and may lead to disciplinary measures.